

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 174 B

Registered No. _____

PLACE OF BIRTH

County Gila State Arizona
District or Township San Carlos Agency or Village _____
City Rice, No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Robert Kidd { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth 10/30-29
Month Day Year

8. FATHER Full name Joseph Kidd 14. MOTHER Full maiden name Jane Bullis

9. Residence (Usual place of abode) Rice, Ariz. 15. Residence (Usual place of abode) Rice, Ariz.
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race 4/4 pache Ind. 11. Age at last birthday 27 (Years) 16. Color or race 4/4 apache Ind. 17. Age at last birthday 39 (Years)

12. Birthplace (city or place) San Carlos (State or country) Ariz. 18. Birthplace (city or place) San Carlos (State or country) Ariz.

13. Occupation Com. Labor Nature of Industry _____ 19. Occupation Housewife Nature of Industry _____

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 a. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature U. R. C. Miller (Physician or Midwife)

Given name added from _____ Address San Carlos Agency, Rice, Ariz.
supplemental report _____ Month, day, year _____

Filed _____, 19____ Registrar _____

724-1030-122